PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

PREV. PAID ISSUE FEE

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance frees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate 'FEE ADDRESS' for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address).

SMALL ENTITY

NO

Change of correspondence address or indication of "Fee Address" (37 CFR 1,363).

Customer Number 22801 Lee & Hayes PLLC 421 W Riverside Ave Suite 500 Spokane, WA 99201

Note: A certificate of mailing can only be used for domestic mailings of the Foo(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPT0 [571) 273-2885, on the date indetected below.

N/A Filed via EFS -WEB	(Depositor's name)
	(Signature)
	(Date)

TOTAL FEE(S) DUE

1740

LLon & Hayen DLLC

DATE DUE

07/07/2008

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/875,775	6/5/2001	Ashvinkumar J. Sanghvi	MS1 - 0591US	6246

PUBLICATION FEE DUE

300

CLASS-SUBCLASS

2. For printing on the patent front page, list

TITLE OF INVENTION:

APPLN. TYPE

nonprovisional

Authorized Signature

EXAMINER

Mohammad A. Siddigi

Event Consumers for an Event Management System

Shirley, L. Goderson

ISSUE FEE DUE

1440

ART UNIT

2154

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is bised, no name will be printed. THE PATENT (print or type)	23	
PLEASE NOTE: Unless an assignee is identified below, no assigner recordation as set forth in 37 CFR 3.11. Completion of this form is No.	e data will appear on the patent. If an assignce is identific OT a substitute for filing an assignment.	ed below, the document has been filed for	
(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)		
Microsoft Corporation	Redmond WA		
Please cheek the appropriate assignee category or categories (will not be 4a. The following fee(s) are submitted:	b. Payment of Fee(s): (Please first reapply any previously	other private group entity Government	
☑ Issue Fee	A check is enclosed.	, r	
☑ Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO 2038 is attached:		
Advance Order - # of Copies	The Director is hereby authorized to charge the require	ed fee(s) any deficiency, or credit any	
	overpayment, to Deposit Account Number	(enclose an extra copy of this form).	
5. Change in Entity Status (from status indicated above)	overpayment, to Deposit Account Number	(enclose an extra copy of this form).	
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	overpayment, to Deposit Account Number Deposit Account Number Deposit Account Number	(enclose an extra copy of this form).	

This collection of information is required by 37 CFR 1,311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to pracess) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individuales. Any comments on the amount of time you require to emplete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Ackandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name Shirley L. Anderson

5-19-2008

Registration No. 57763